vagina to be syringed out with Condyl's fluid, two drachms to one pint of water, with good effect. From this time she slowly improved, although much reduced from the long continuance of discharged sanguineous fluid; and she gradually attained her usual health and *embonpoint*, under a course of quinine and iron and full diet.

REMARKS.—I have occasionally been told by medical friends that they had a case of uterine hydatids, inferring that they were the same as found in the liver and other parts of the body. It is probably known to all present, that hydatid-like bodies have been discharged from the uterus; and the resemblance between these bodies and hydatid cysts formed in other parts of the body, was sufficient to induce the older observers to consider the two identical. Later inquiries have proved that these bodies discharged from the uterus are not true hydatids, but that they are the product of conception, and have, indeed, nothing in common with true hydatids further than a slight external resemblance. The tendency of all modern research has been to demonstrate that the genuine mole cannot occur, except as the result of impregnation and the degeneration of the true ovum.

Cruveilhier first conclusively demonstrated its non-hydatid character, and expressed the belief that the hydatid-like cysts were the result of a transformation of the blood-vessels of the placenta. Since his time much has been said and written as to the nature and mode of origin of these bodies. The early stage escapes observation, as stated by Graily Hewitt, Montgomery, Barnes, and others. What are the circumstances determining the alteration? It has been universally supposed that disease of the chorion is the cause, death of the embryo the effect. In my case, an accident occurred causing a great shock to the system and a sanguineous discharge from the vagina, and probably uterus; and no doubt, then, the death or blighting of the embryo took place.

In 1860, Dr. Barnes considered that the disease consisted in a perverted development force in the budding out which occurs in the chorion, so that, instead of growing into villi, it may dilate into true vesicles or hydatidiform cysts; other views have been given which would take too much time for me to enter into.

HEAVIEST RECORDED BRAIN.

By JAMES MORRIS, M.D.Lond., Fellow of University College.

THE following case, with its heading, if not now correct, is taken from my notes, made at the time, which were authenticated by Mr. Moncrieff Arnott. I believe it has not been before published.

On October 3rd (I think the year is 1849) there was admitted into University College Hospital James Hursey, aged 38, bricklayer, a robust-looking man. Ruptured seventeen years before, he had left off his truss for two or three years: now the rupture was down, and could not be returned. It was [right inguinal, small and tense, with no impulse on coughing. In the evening, Mr. Arnott operated. The sac was opened; much serum, tinged with blood, ran from the abdomen; the omentum was adherent to the sac; the constricted bowel, of a dark mahogany colour, but shining surface, was returned. He did well at first, but died two days later. Erysipelas and pyæmia at that time prevailed in the hospital. Of ten successive cases of strangulated hernia operated on by several different operators, and treated afterwards on the most diverse principles, only one survived. In that case (Mr. Marshall's), the sac was not opened.

The *post mortem* examination of Hursey disclosed peritonitis, a serous cyst in the liver, some damage to the kidneys, old pleuritic adhesions of the right side, recent lobular pneumonia (result of pyæmia), and some hypertrophy of the left ventricle of the heart. The weight of the brain, taken immediately on removal, exceeded sixty-seven ounces. This weighing was most carefully made, and was witnessed by several students. The brain was well proportioned; the convolutions were not flattened; though the surface was fairly moist, it only lost about one ounce weight after the usual dissection and draining for two hours. The specific gravity was not taken. The cerebellum and pons were separately weighed; of these I have not the figures, but there is no reason to suppose that they were disproportioned to the rest of the brain, as in the cholera case recorded by Dr. Parkes.

Hursey's height was five feet nine inches and a half. There was the utmost difficulty in obtaining a satisfactory history of him. His wife and his landlady gave different accounts. It seemed that he was a native of Sussex (Dr. Parkes' case was an Irishman), and had left his village and changed his name on account of some poaching troubles; that he was not very sober, had a good memory, and was fond of politics. He could neither read nor write.

OBSTETRIC MEMORANDA.

CRANIOTOMY IN A TWIN-LABOUR.

IN June last, after a severe and lingering labour in a primipara, with a very small female child, I was compelled, by the following circumstances, to deliver by craniotomy a second large (male) child: a distorted pelvis, inability to turn, impacted head, convulsions, pains absent, and failure of the forceps. The first child was revived with difficulty by artificial respiration, the warm bath, etc. The size of the second and the disproportion of the pelvis justified the operation. The mother recovered well, only suffering for a few days from headache and drowsiness, with dilated pupils.

Melbourne, October 1872.

W. M. KNIPE.

ABSENCE OF THE UTERUS AFTER FREQUENT PREGNANCIES.

I.

I HAVE twice met with cases of absence of the uterus since 1867: one occurred in my own practice, and the other at the Samaritan Hospital. Both women had borne children and passed the menopause; and, further than a slight dimple at the top of the vagina, there was nothing to be felt, and certainly no opening where a sound could be passed and turned round. I cannot imagine where the sound could be thrust and twirled with impunity, as in the case published by Mr. Whitehead, if not in the uterus.

Whilst looking through my private case-books, I have come across the following, which I have tabulated in order, and think may be interesting.

Absence of Catamenia.

Came under notice. Date.	Initials.	Age.	Menstruated	Condition.	State.
July 1867...	E. W.	22	Never.	Normal.	Single.
Nov. 1868.	J. H.	22	Never.	Normal.	Single.
Jan. 1869..	C. H.	24	Never.	No vaginal or internal organs of generation.	Married.
April 1871.	J. P.	19	Never.	Normal.	Single.
June 1871..	J. P.	18	Never.	Normal.	Single.
June 1871..	R. R.	18	Never.	Normal.	Single.
Aug. 1871.	A. W.	33	Never.	Uterus one inch and a half long.	Married 10 years.
Aug. 1872.	E. K.	29	Twice.	Uterus very small; cervix size of a bean.	Married.

REMARKS.—None of these have suffered any inconvenience from absence of catamenia. C. H. was not aware of her malformation till after marriage. She has had the tissues successfully divided to the depth of two inches and a half.

PERCY BOUTON, M.D.,

Physician to the Samaritan Hospital.

II.

I THINK there is a much more feasible explanation of Mr. Whitehead's case than he has advanced. That the uterus should disappear absolutely after pregnancy, only a *post mortem* examination could allow us to entertain for a moment. My belief is, that Mr. Whitehead's case is really one of extreme involution, and that he has perforated the fundus by the sound—an occurrence to which I have repeatedly drawn attention.

LAWSON TAIT, Birmingham.

THERAPEUTIC MEMORANDA.

USE OF PHOSPHORUS IN NEURALGIA.

"HAPPY are they that hear their detractors, and can put them to mending." I have recently learnt a lesson from the homeopaths which is worth knowing. I lately had a patient of a highly excitable nature, who suffered from severe and frequently repeated attacks of neuralgia of the chest-walls. I ran through all the orthodox treatments for neuralgia from the hyssop on the wall in the shape of quinine, even to the cedar of Lebanon, or blisters and arsenic to eye-soreness. Nothing, however, did him any good; neither poppy nor mandragora (I am not quite sure about the mandragora) gave him more than temporary relief;